

REQUEST, AUTHORIZATION, AGREEMENT. CERTIFICATION OF TRAINING AND REIMBURSEMENT											
A. code and subelement, and submitting office number (xx.xx-xxxx)				B. Standard document number (Org identifier, FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)		D. Amendment No.	
								(1) Initial	(2) Resubmission		
								(3) Correction	(4) Cancellation		
Section A - TRAINEE / APPLICANT INFORMATION											
1. Name (Last, First, middle Initial)				2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (include area code) a. Home		8. Position Title					
				b. office							
11. Organization Name				(1) Commercial		9. Position Level (X one) a. Executive b. Manager		10. Pay Plan/ Series/ Grade/ Step (Rank / MOS / AFSC /or Navy Designator)			
				(2) Autovon							
12. Organization Mailing Address (include ZIP)				13. Organization UIC		c. Supervisory		14. Type of Appointment		15. No. prior non-govern- ment training days	
						d. Non-Supervisory		e. Other (Specify)			
Section B - TRAINING COURSE DATA											
17. Course Title											
18. Training Objectives (Benefits to be derived by the Government)								19. Recommended Training Source, School or Facility			
								a. Name			
								b. Mailing address (Include ZIP)			
20. Course Codes								C. Location of training site (If other than 19b)			
a. Purpose		f. Security Clearance		k. Training Program							
b. Type		g. Allocation Status		l. Reason for Selection		21. Course hours (4 digits)		22. Course Identifiers			
c. Source		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID			
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog / Course No.			
e. Training Vendor		l. Method of Training		b. Complete		c. TOTAL		c. Offering / TLN			
Section C-COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)											
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box											
25. Direct Costs				26. Indirect Costs (For information only)				27. Accounting Classification			
a. Tuition cost				a. Travel cost							
b. Books, material, other costs				b. Per diem/other costs							
c. Total direct costs				c. Total indirect costs							
d. Funding source				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure)			
31. Job Order No.											
Section C - APPROVAL/ CONCURRENCE/ CERTIFICATION											
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)								33. Training Officer: I certify this training meets regulatory requirements.			
a. Typed Name (Last, First, Middle Initial)				b. Phone number (Include area code)				a. Typed Name (Last, First, Middle Initial)			
c. Signature & Title				d. Date				c. Signature& Title			
d. Date								d. Date			
34. Authorizing Official								35. Course Acceptance (To be completed by school official)			
a. Action (X one)		(1) Approved		(2) Disapproved		a. Accepted		c. School Official Signature		d. Date	
b. Typed Name (Last, First, Middle Initial)				c. Phone number (include area code)				b. Not Accepted			
d. Signature & Title								e. Date			
36. Course Completion (To be completed by school official)											
a. if course was not completed, X this box, leave this section blank, and return this form with an explanation memo.										b. Actual Completion Date (YYMMDD)	
c. Grade											
37. Billing Instructions (identify discount terms % days.) Furnish original invoice and 3 copies to:								d. Signature & Title			
								e. Date			
38. Certifying Government Official											
a. I certify that this account is correct and proper for payment in the amount of: \$											
b. Signature								c. Date Signed			
d DSSN Number				e. Check Number				e. Voucher Number			
TRAINING FACILITY: Invoice should be sent to office indicated in item 17. Please refer to standard document number given in item 8 at top page to assure prompt payment											